

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Licensing Division
P.O. Box 30670, Lansing, MI 48909
(517) 373-8068
www.michigan.gov/accountancy

FOR OFFICE USE ONLY

Approved By:

Date Approved:

License Number

APPLICATION FOR CPA CERTIFICATE AND LICENSE/REGISTRATION

AUTHORITY: 1980 P.A. 299, MCL 338.3434(A), AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number
Address	City	State	Zip Code
Telephone Number	E-mail Address		

Have you ever been convicted of a felony not previously reported to the Department for this license type or occupation?

☐ Yes ☐ No
EXAMINATION INFORMATION

Did you take your examination in Michigan?

☐ Yes - Give Passing Date of final section (mm/yyyy) : _____
 ☐ No - Attach official certification of exam

Name, if different, at time of exam: _____

REQUIRED ADDITIONAL DOCUMENTS

- Attach a copy of your transcripts showing completion of 150 semester hours of college education, including a baccalaureate degree or higher degree with a concentration in accounting, at an educational institution approved by the board.

Name, if different, at the time of attending school: _____

- If requesting a fee waiver as an individual who served in the armed forces - form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).

Signature

Date

FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> Certificate and License - If applying between April 4 of an odd year and April 3rd of an even year	\$300.00	1101-01=\$115.00 1101-16=\$185.00	
<input type="checkbox"/> Certificate and License - If applying between April 4 of an even year and April 3rd of an odd year	\$200.00	1101-01=\$ 75.00 1101-16=\$125.00	
<input type="checkbox"/> Certificate and License - Veteran (see required additional documents)	Fee Waived		
<input type="checkbox"/> Certificate and Registration - If applying between April 4 of an odd year and April 3rd of an even year	\$150.00	1101-53=\$ 65.00 1101-16=\$ 85.00	
<input type="checkbox"/> Certificate and Registration - If applying between April 4 of an even year and April 3rd of an odd year	\$125.00	1101-53=\$ 50.00 1101-16=\$ 75.00	
<input type="checkbox"/> Certificate and Registration - Veteran (see required additional documents)	Fee Waived		
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN			
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.			

EXPERIENCE INFORMATION (make additional copies as needed) Applicants are required to have not less than 2,000 hours of qualifying experience gained through employment in government, industry, academia or public practice within a period of not less than 1 calendar year and not more than 5 calendar years. Experience must be verified by a Certified Public Accountant.			
Applicant Name_____			
I verify that this applicant for the CPA Certificate has earned qualifying experience of _____ through employment in government, industry, academia or public practice pursuant to MCL 339.725(4). (amount of time)			
I certify this information to be true and correct. I understand that any omitted statement, misrepresentation, or fraud may be cause for disciplinary action or may be punishable by law.			
Name of Verifying Certified Public Accountant			
Certificate/License Number	Licensing Jurisdiction	Daytime Telephone Number	
Signature of Certified Public Accountant			Date